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DECLARATION AND POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEM FOR IDENTIFYING PREMATURE RUPTURE OF MEMBRANE DURING PREGNANCY

The specification of which (check one)

☐ is attached hereto.
☒ was filed on January 12, 2001 as Application
 Serial No. 09/758,978 and was amended on

_____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty of disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claim

(Number)	(Country)	(Day/Month/Year filed)	Yes	No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States Provisional application(s) listed below:

PRIOR PROVISIONAL APPLICATIONS

_____ (application serial number)	_____ (Month / Day / Year filed)
_____ (application serial number)	_____ (Month / Day / Year filed)


I hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

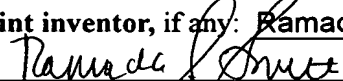
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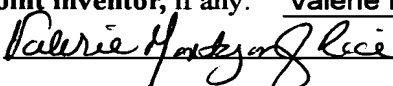
Application Serial No.	Filing Date	Status – patented, pending, abandoned
<u>09/595,594</u>	<u>06/15/00</u>	<u>pending</u>
<u>09/351,875</u>	<u>07/13/99</u>	<u>patented</u>
<u>09/120,829</u>	<u>07/22/98</u>	<u>patented</u>
_____	_____	_____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint Thomas T. Moga, Reg. No. 34,881, and each principal, attorney of counsel, associate and employee of Powell, Goldstein, Frazer & Murphy, LLP, who is a registered Patent Attorney, my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Powell, Goldstein, Frazer & Murphy, LLP, P.O. Box 97223, Washington, D.C. 20090-7223, (202) 347-0066.

Full name of sole or first inventor: Brian A. Torek
 Inventor's signature: 
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 Inventor's signature: 
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Full name of third joint inventor, if any: Valerie Montgomery-Rice
 Inventor's signature: 
 Date: 4/17/01
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 Post Office Address: same as residence

Full name of fourth joint inventor, if any: _____
 Inventor's signature: _____
 Date: _____
 Residence: _____
 Citizenship: _____
 Post Office Address: _____